

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Therapeutic and Prophylactic Methods For Renal Insufficiency the specification of which ☐ is attached and/or ☐ was filed on April 30, 2004 as PCT International Application No. PCT/US2004/013677.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate or § 365(a) of any PCT international application(s) designating at least one country other than the United States, listed below and have also identified below, any foreign application(s) for patent or inventor's certificate, or any PCT International application(s) having a filing date before that of the application(s) of which priority is claimed:

Country	Application Number	Date of Filing	Priority Claimed Under 35 U.S.C. 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below:

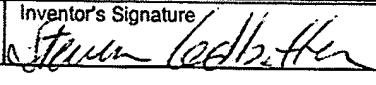
Application Number	Date of Filing
60/466,417	April 30, 2003

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) or § 365(c) of any PCT International application(s) designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application(s) in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application(s) and the national or PCT International filing date of this application:

Application Number	Date of Filing	Status (Patented, Pending, Abandoned)

I hereby appoint the following attorney and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. **FINNEGAN, HENDERSON, FARABOW, GARRETT & DUNNER, L.L.P., CUSTOMER NUMBER 22,852.**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full Name of First Inventor Steven LEDBETTER	Inventor's Signature 	Date Aug. 9, 2004
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Certifico io sottoscritto Dr. JEAN-PIERRE FARHAT, Notaio di Bergamo, iscritto all'omonimo Collegio Notarile, che i signori:

- BENIGNI Dr. ARIELA, nata a Bergamo il 16 dicembre 1955, residente in Bergamo, Scaletta Bellavista n.8, biologa;
- REMUZZI Prof. GIUSEPPE, nato a Bergamo il 3 aprile 1949, residente in Bergamo, Via Fontana n.4, medico chirurgo, della cui identità personale io Notaio sono certo - consapevoli delle responsabilità penali di cui all'art.76 del D.P.R.28 dicembre 2000 n.445, in caso di dichiarazione mendace - ai sensi degli artt.46 e segg. del citato D.P.R., hanno reso la sopra estesa dichiarazione e hanno sottoscritto la medesima in mia presenza.

Bergamo lì, 20 luglio 2004

[Signature]

